



# Area Plan Update

## FY 2023-24

April 2023



SAN FRANCISCO HUMAN SERVICES AGENCY  
**Department of Disability  
and Aging Services**





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# Area Plan Update Checklist

**Check one:**  FY21-22  FY 22-23  FY 23-24  
 (use for APUs only)

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ <i>Update/Submit A) through I) <u>ANNUALLY</u>:</i>		
n/a	<b>A) Transmittal Letter-</b> (submit by email with electronic or scanned original signatures)	<input checked="" type="checkbox"/>	
n/a	<b>B) APU-</b> (submit entire APU electronically only)	<input checked="" type="checkbox"/>	
2, 3, or 4	<b>C) Estimate-</b> of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	<b>D) Public Hearings-</b> that will be conducted	<input checked="" type="checkbox"/>	
n/a	<b>E) Annual Budget</b>	<input checked="" type="checkbox"/>	
10	<b>F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes</b>	<input checked="" type="checkbox"/>	
18	<b>G) Legal Assistance</b>	<input checked="" type="checkbox"/>	
	➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024</i>	Mark Changed/Not Changed (C or N/C)	
		<b>C</b>	<b>N/C</b>
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>
9	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• System-Building and Administration	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-1	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-2	<input type="checkbox"/>	<input type="checkbox"/>
9	• Title IIID	<input type="checkbox"/>	<input type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input type="checkbox"/>
12	Disaster Preparedness	<input type="checkbox"/>	<input type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Transmittal Letter

**2020-2024 Four Year Area Plan/ Annual Update**  
**Check one:**  FY 20-24 /  FY 21-22  FY 22-23  FY 23-24

**AAA Name:** San Francisco Department of Disability and Aging Services    **PSA** 6

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

1. Martha Knutzen  
(type name)

\_\_\_\_\_  
Signature: Governing Board Chair

\_\_\_\_\_  
Date

2. Diane Lawrence  
(type name)

\_\_\_\_\_  
Signature: Advisory Council Chair

\_\_\_\_\_  
Date

3. Kelly Dearman  
(type name)

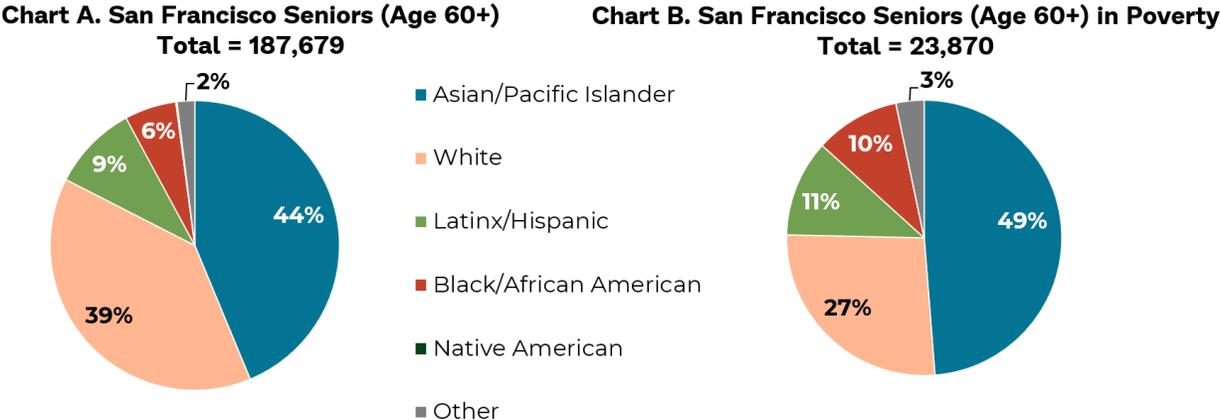
\_\_\_\_\_  
Signature: Area Agency Director

\_\_\_\_\_  
Date

# Population Estimates

The charts below show a demographic breakdown of (A) all older adults (age 60+) in San Francisco, and (B) older adults with incomes at or below the federal poverty threshold. Note that recent estimates from the California Department of Finance suggest that San Francisco’s senior population (age 60+) will grow at an average rate of 2% per year over the next ten years.<sup>1</sup>

According to the American Community Survey 2020 5-year estimates, there were 187,679 seniors age 60 or older in San Francisco, of whom 13,870 (13%) had incomes at or below the poverty threshold.



Source: American Community Survey 2020 5-Year Estimates. Accessed through University of Minnesota IPUMS-USA datasets.

As shown above, seniors aged 60 and older are primarily Asian/Pacific Islander (API) and white. However, almost half of seniors living in poverty are API. Latinx/Hispanic and Black/African American seniors are also overrepresented in the low-income population.

However, it is important to note that the federal poverty threshold does not fully capture all low-income seniors. As a static measure that does not factor in cost of living, the federal poverty threshold is arguably more a measure of destitution.

The limitations of relying on FPL to assess need are highlighted in a 2015 study by the UCLA Center for Health Policy Research.<sup>2</sup> This study used the Elder Economic Security Standard Index, which incorporates variation in cost of living by county and by housing tenure to estimate a basic self-sufficiency standard, to identify the hidden poor. Findings from this study suggest that approximately 30% of single seniors and 29% of senior couples age 65 and older are among the hidden poor – their income is above the federal poverty line but below the Elder Index thresholds for a decent standard of living. In total, an estimated 57% of single

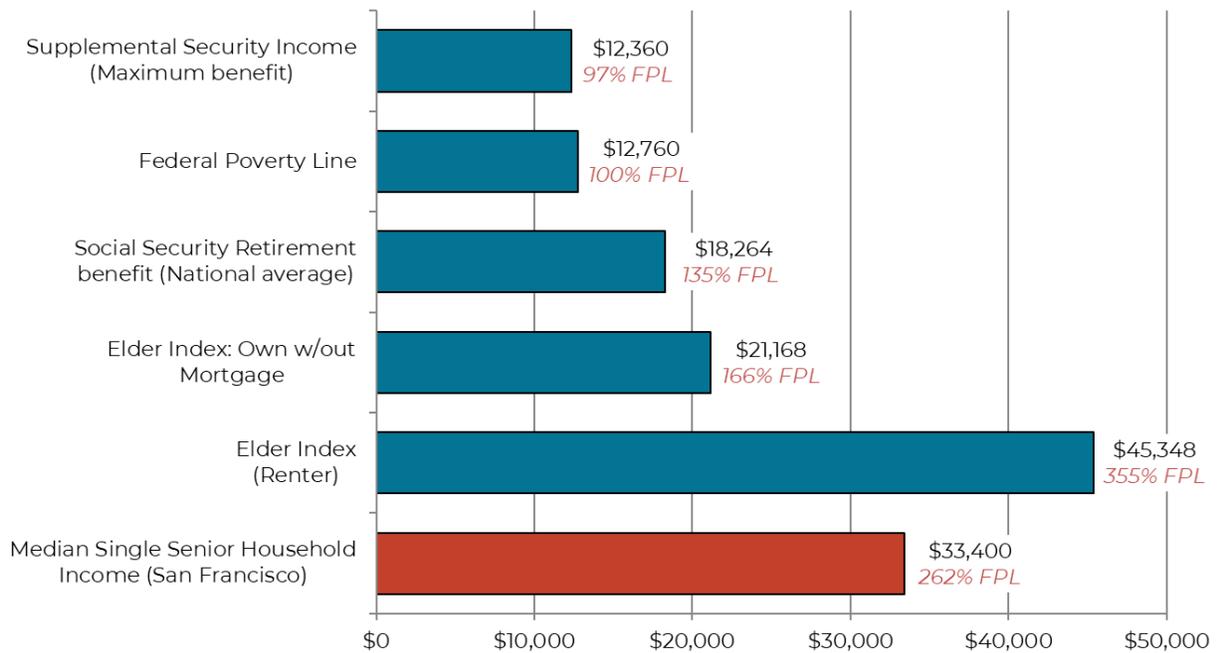
<sup>1</sup> California Department of Finance Demographic Research Unit, Population Projections (2010-2060), Report P-2B: County Population by Age. Available online: [https://www.dof.ca.gov/Forecasting/Demographics/Projections/documents/P2B\\_County\\_Age.xlsx](https://www.dof.ca.gov/Forecasting/Demographics/Projections/documents/P2B_County_Age.xlsx)

<sup>2</sup> Padilla-Frausto, DI and Wallace, SP. (2015). The Hidden Poor: Over Three-Quarters of a Million Older Adults Overlooked by Official Poverty Line. Los Angeles, CA: UCLA Center for Health Policy Research. Accessed online November 3, 2015, at <http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1417>.

senior households and 39% of two-person senior households have inadequate income to meet a basic standard of living, representing at least 38,000 San Franciscans age 65 and older.

As shown in the chart below, the estimated cost of living in San Francisco far exceeds federal poverty guidelines and government benefits. Supplemental Security Income (SSI), the federal supplemental income stipend for the most impoverished older adults and persons with disabilities, provides a maximum benefit lower than the federal poverty line; anyone receiving SSI benefits is living in poverty. The national average Social Security retirement benefit is slightly more than \$18,000 per year (135% of FPL). Retirees without alternate retirement benefits or significant savings would likely struggle to make ends meet in San Francisco at this income level.

**The Cost of Living in San Francisco Far Exceeds Federal Poverty Guidelines and Government Benefits**



Sources: Social Security Administration, Supplemental Security Income in California, 2020  
 U.S. Department of Health & Human Services, 2020 Poverty Guidelines  
 Social Security Administration, Monthly Statistical Snapshot, October 2020  
 UCLA Center for Health Policy Research, Elder Economic Security Standard Index 2019  
 2018 American Community Survey 5-Year Estimates (accessed via IPUMS)

# Public Hearings

This section documents our public hearings on the Area Plan, which provide the opportunity to comment on the development and content of the Area Plan.

**CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308  
Older Americans Act Reauthorization Act of 2016, Section 314(c)(1)**  
*At least one public hearing must be held each year of the four-year planning cycle.*

Fiscal Year	Date	Location	# Attendees	Presented in languages other than English? <sup>3</sup>	Held at a Long-Term Care Facility? <sup>4</sup>
<b>2020-2021</b>	2/19/20	1650 Mission St, 5 <sup>th</sup> Fl	18	No	No
	3/4/20	City Hall, Room 416	52	No	No
<b>2021-2022</b>	2/17/21	Virtual	15	No	No
	3/5/21	Virtual	16*	No	No
<b>2022-2023</b>	2/16/22	Virtual	11	No	No
	3/3/22	Virtual	50*	No	No
<b>2023-2024</b>	3/15/23	1650 Mission St, 5 <sup>th</sup> Fl	10*	No	No
	4/5/23	City Hall, Room 416	24*	No	No

*\*Hybrid meeting with open web access so exact number is unknown*

The following must be discussed at each Public Hearing conducted during the planning cycle:

**1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.**

We solicit input from persons who are institutionalized, homebound, and disabled through our extensive needs assessment process. This included a focus group with homebound adults, persons with vision impairment/blindness, consumers of behavioral health and mental health resources, and persons aging with HIV. Additionally, our Community Survey was distributed online and via hard copy with outreach through social media, service providers, and other community partners; we received 20 responses from persons who identified as residing in assisted living facilities.

**2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?**

- Yes. Go to question #3
- Not applicable, PD and/or C funds are not used. Go to question #4

<sup>3</sup> A translator is not required unless the AAA determines a significant number of attendees require translation services.

<sup>4</sup> AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

**3. Summarize the comments received concerning proposed expenditures for PD and/or C**

Not applicable

**4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services**

Yes. Go to question #5

No, Explain:

**5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion of funding for priority services.**

2020: No comments.

2021: No comments.

2022: No comments.

2023: No comments.

**6. List any other issues discussed or raised at the public hearing.**

2020: The following issues were discussed:

- **Definition of disability and eligibility for DAS services:** Questions were raised regarding the Department's definition of disability with concern expressed that only people with physical disabilities and dementia are eligible to participate in services. Department staff clarified that DAS serves people with a wide range of physical and mental conditions and that consumers are not required to provide documentation or identify specific disabilities when accessing our community-based services. Based on advice from disability experts, we do not employ a more specific definition of disability (e.g., list of types of disability) to avoid inadvertently establishing restrictive criteria that exclude people from participating in services.
- **Senior homelessness:** Concern was expressed about rates of senior homelessness and that the Area Plan does not directly address this issue. Department staff noted that the Department of Homelessness and Supportive Housing (HSH) is the City's lead agency on this issue and that DAS does collaborate with HSH, including through the Home Safe pilot program referenced in the Narrative Goals and Objectives section of this report. DAS also funds programs that seek to prevent homelessness, such as the Rental Subsidy, Legal Services, and Case Management programs.
- **Assisted Living:** A few points were discussed regarding assisted living facilities and their residents, including general eligibility for participation in DAS services and also safety and comfort of transgender persons living in these facilities. DAS explained that assisted living residents are eligible to participate in its programs. The LGBTQ Long-Term Care Bill of Rights protects against discrimination based on sexual orientation, gender identity, gender expression, and HIV status, and the Long-Term Care Ombudsman is responsible for responding to complaints regarding the violation of these protections.
- **Racial Equity:** There were questions and discussion regarding the City's

commitment to racial equity and how DAS incorporates this into its work. Staff highlighted the equity analysis that guided the needs assessment process and shapes key priorities outlined in this plan and the Department's work.

2021: The following issues were discussed:

- **Staff training and development:** There was discussion of strategies to build staff capacity related to racial equity and trauma informed systems. DAS provided information about its training plans and intention to expand access to professional staff in the community and Advisory Council members where appropriate.
- **COVID-19 innovations:** Advisory Council members asked about plans to sustain effective innovations developed during pandemic. Department staff noted that conversations about these response efforts are ongoing and determinations have not yet been made.

2022: The following issues were discussed:

- **Technology access and the digital divide:** Advisory Council members raised concerns about the ability of older people and people with disabilities, particularly those with low income, to use technology to stay connected with their communities and participate in needed social services. DAS staff acknowledged these concerns, noting how these themes emerged in recent listening sessions with communities of color, and providing information about Department services through which we continue to make inroads in addressing the digital divide. These services include the SF Connected network of computer labs and technology classes offered citywide, and the long-term device loan, training, and ongoing technical support available through the Technology at Home program.
- **Multiple ways to access information and navigate resources:** Related to their concerns about technology access, Advisory Council members expressed a need for multi-modal approaches to sharing information with the community about resources and supporting service navigation. DAS staff shared the Department's plans to develop a dynamic online resource directory to serve as a centralized place for consumers and service providers to access information about services for older people and adults with disabilities. Staff also emphasized that in-person and phone information, referral, and assistance services would continue to be available to those who may not wish or be able to use the online directory — through the DAS Benefits and Resource Hub and Aging and Disability Resource Centers located throughout every supervisorial district in the city.
- **Staff training and development:** As in the previous year, Advisory Council members discussed the need for ongoing staff capacity building throughout the DAS service network on topics like racial equity and trauma informed systems. DAS provided information about the Department's training curriculum and plans for expanding course offerings and access to professional staff in the community and Advisory Council members where appropriate.

2023: The following issues were discussed:

- **Budget and service data:** Some newer Advisory Council members asked clarifying questions about the Department budget, strategic planning, and data on service levels and outcomes. DAS staff responded by providing a breakdown of the Department budget by major revenue sources, reviewing key strategic planning processes that guide Department decision-making, and sharing a list of other Department publications where planning and service data is summarized.
- **Housing support services:** Advisory Council members highlighted ongoing

challenges in San Francisco related to housing affordability, the high cost of living, and the difficulty many seniors and people with disabilities face navigating housing support services. One member noted how these challenges can be compounded for some populations, such as transgender and nonbinary older adults, who may struggle to access services tailored to their needs. Department staff acknowledged these concerns, and shared information about key collaborations between DAS and the Department of Homelessness and Supportive Housing that help to address unmet needs in this area. In particular, we highlighted the IHSS Collaborative Caregiver Support Team model being implemented in Permanent Supportive Housing and the ongoing APS Home Safe homelessness prevention and housing transitions pilot. We also discussed the recent Aging & Disability Affordable Housing Needs Assessment process DAS facilitated last year.

- **Mental and behavioral health programming:** DAS Commissioners asked where information about behavioral health is addressed in the Area Plan Update. DAS staff explained that while the Department funds some programming pertaining to mental and behavioral health (e.g., Suicide Prevention and Emotional Support, Support for People with Collecting Behaviors, Caregiver Support services including support groups, LGBTQ+ Mental Health Connections pilot, in addition to a multitude of programs that address social isolation and prevent its negative downstream health impacts), not all of them are highlighted in this report or described in the mental health context. The Department directed Commissioners to our recently published Dignity Fund Services and Allocation Plan, which does address this area of need in more explicit terms.
- **Staff training and development:** As in previous years, Advisory Council and DAS Commission members emphasized the importance of staff training and other capacity building efforts. DAS staff provided additional information about the Department's training curriculum, particularly our collaboration with the University of California – San Francisco Geriatric Workforce Enhancement program.

## 7. Note any changes to the Area Plan which were a result of input by attendees.

2020: The following changes were made:

- Based on discussion with the Advisory Council, we added an objective related to facilitating collaboration in the community and across departments.

2021: No changes were made

2022: No changes were made

2023: The following changes were made:

- Based on input from Advisory Council members, we added two demographic indicators to the "Other Representation" list in the Advisory Board section of the report: (1) LGBTQ+ identification, and (2) Veteran status.

# Area Plan Narrative Goals and Objectives

**This section outlines our broad Goals for the Area Plan cycle and the specific Objectives (or strategies) that we'll use to support these Goals.**

As outlined in *Section 4: Planning Process/Establishing Priorities*, our Department **Goals** serve as the conceptual underpinning for our administration of the aging and disability service delivery system.

To achieve these Goals, each year we identify specific **Objectives** or actionable strategies to pursue. Given the purpose of this Area Plan, the items included here focus primarily on community-based services (aligned with the network of services outlined in the Older Americans Act services). Many of these items are also integrated within the agency-wide DAS Strategic Plan and our annual Action Plans described in *Section 4*.

Our Goals and Objectives begin on the following page.

<b>Goal 1: Maintain a robust network of community-based services for older adults and adults with disabilities.</b>			
Rationale: Quality community-based long term care goes beyond providing what services people need. It encompasses a broader, more fundamental issue: what people require for a good life. Working with community-based organizations, we can facilitate diverse opportunities for social engagement, nutrition support, and many other resources that enhance the well-being of older persons and persons with disabilities.			
<b>Objective</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C</b>	<b>Update Status</b>
<b>A. Promote expansion of employment resources that support older people and adults with disabilities in the workforce.</b> The Work Matters collaborative will host quarterly meetings to facilitate collaboration across the City's employment support programs (including traditional public workforce programs) and provide outreach and trainings to educate and engage employers. The DAS-funded ReServe program will support 125 clients to prepare for and participate in the workforce.	July 2020 to June 2024		The Work Matters collaborative continues to host meetings (now on a monthly basis) to facilitate collaboration across the City's employment support programs. The collaborative expanded its membership this year to include three more employment support providers and the California Department of Rehabilitation. In FY 2023-24, the ReServe program will support 160 clients, and will continue to conduct outreach to increase awareness of the program and boost employer partner and participant recruitment. In addition, ReServe will continue to work with partner organizations to increase program participants' access to benefits counseling, and to educate employers about best practices for hiring, onboarding, and retaining older and disabled employees.
<b>B. Support intergenerational activities.</b> We are piloting six community-based programs that bring together people of different ages and/or abilities with a goal of fostering intentional interaction and encouraging relationship building. These programs will serve 475 clients per year.	July 2020 to June 2024		Our Intergenerational Program pilots have demonstrated tremendous success and impact in the community. Provided by six community-based partners, these programs include: technology classes and tutoring sessions; activities focused on cultural exchange between our diverse participants; and tailored activities for individuals with visual impairment. As current grant terms for our pilots end, we are working to procure these services anew and continue this successful programming in close partnership with our providers.

<p><b>C. Promote positive nutrition status and reduce food insecurity.</b> Through a robust network of programs, DAS will provide access to nutrition and related resources that support health and food security. We will explore new innovative models, like Nutrition for Healthy Outcomes which provides tailored nutrition and education for persons with chronic diseases. In our traditional programs, we will fund 1.99 million Home-Delivered Meals and 998,000 Congregate Meals for seniors in FY 2020-21. Additionally, as part of the City’s ongoing COVID-19 response, DAS will ensure continuity of existing nutrition programs by supporting providers to adapt service models and also work to expand food supports as needed.</p>	<p>July 2020 to June 2024</p>		<p>Food insecurity and community need for culturally-relevant, quality nutrition services remain at elevated levels due to the lingering economic impacts of the COVID-19 pandemic. Meeting the nutritional needs of our clients remains a top priority for DAS. To successfully serve the community, our nutrition partners continue to offer modified services such as Congregate Meal pick-up, in alignment with CDA and public health guidance. Additionally, many of these partners have expanded in-person communal dining options to include both indoor and outdoor seating. Our partners also continue to work collaboratively with DAS to provide culturally relevant food to clients. For instance, one of our Home-Delivered Meal providers includes supplemental Latinx/Hispanic groceries with their prepared meals. In another case, one of our nutrition providers partners with the SF African American Faith-Based Coalition to engage community members in a more culturally-relevant fashion. Additionally, DAS also continues to fund medically-tailored meals and other nutrition supports for individuals with chronic health conditions. Overall, our community continues to demonstrate a high need for food support, and DAS will keep working closely with our nutrition partners in the coming year to meet this demand for services with available resources.</p>
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<p><b>D. Maintain a robust network of caregiver supports.</b> We will work to develop and maintain a coordinated network of resources that support informal caregivers, including adult day programs, respite care options, and traditional family caregiver support services. In FY 2020-21, our Dignity Fund Respite Care program will provide approximately 24,000 hours of respite care for over 200 caregivers.</p>	<p>July 2020 to June 2024</p>		<p>Our Caregiver Support programs continue to provide modified virtual services that began during the COVID-19 pandemic to provide more flexible options to caregivers. These services include webinars and expanded counseling and resources for caregivers on topics including issues of burnout, isolation, dementia communication, and communicating with health care providers. Clients continue to access these services at higher-than-normal rates due to increased stress and need for more support, spurred in part by the pandemic. We will continue to provide services directly in Cantonese, Mandarin, and Spanish, and leverage additional translation supports for other languages as needed. We will also pursue new partnerships to address unmet respite needs and more equitably serve clients in English, Chinese, Japanese, Korean, and Spanish.</p>
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<b>Goal 2: Protect older adults and adults with disabilities from abuse, neglect, and financial exploitation.</b>			
Rationale: While older and disabled persons possess a variety of strengths and many are increasingly able to live independently in the community without assistance, some experience heightened risks related to their health, housing, and safety. By helping to address critical issues and facilitating connections to resources, we can support consumers meet their basic needs and regain or maintain their stability in the community.			
<b>Objective</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C</b>	<b>Update Status</b>
<b>A. Prevent and mitigate the abuse of older people and adults with disabilities through public outreach and awareness building.</b> The Elder Abuse Prevention program will provide outreach and education to mandated reporters and the community. This will include 25 training sessions for mandated reporters and 20 public education sessions, as well as the distribution of 4,450 copies of educational materials.	July 2020 to June 2024		In addition to their typical practice of distributing materials that promote safety in the community, Elder Abuse Prevention program providers have also have conducted several special activities in the last year. These activities include: publishing articles on the National Alliance for Caregiving website; speaking at statewide conferences; leading an Elder Abuse Task-Force with a special emphasis on support for Asian/Pacific Islander communities, appearing on local podcasts to bring attention to Elder Abuse issues in San Francisco; and managing a Twitter account for Elder Abuse Awareness, which has allowed us to reach more than 5,000 individuals and organizations.
<b>B. Enhance the City's network of resources working together to identify and address instances of elder and dependent adult abuse.</b> We will fund a dedicated position in our Legal Services program to collaborate with Adult Protective Services to address cases of elder financial abuse. Through the Forensic Center, a multi-disciplinary team of service providers, law enforcement, the Ombudsman and Adult Protective Services will convene quarterly to resolve complex cases of abuse, neglect, and self-neglect.	July 2020 to June 2024		The Adult Protective Services Financial Abuse Virtual Unit continues to provide dedicated legal support for issues of elder financial abuse, supported by quarterly stakeholder meetings. In addition, in FY 2022-23, we launched the High Risk Self Neglect multi-disciplinary team, including representatives from APS, community-based organizations, healthcare professionals, and other key partners. This group reviews and discusses client needs to identify and implement solutions that support their ability to live safely and independently in the least restrictive setting. These activities will continue in the coming year.

<p><b>C. Develop strategies to prevent eviction and homelessness.</b> We will implement and support evaluation of Home Safe, a state-funded pilot to stabilize low-income older and disabled adults at imminent risk of homelessness due to self-neglect. A partnership of Adult Protective Services, the Department of Homelessness and Supportive Housing, and our community partners, this program will serve approximately 60 clients in FY 2020-21.</p>	<p>July 2020 to June 2024</p>		<p>Although the Home Safe pilot program was initially intended to run for two years, from July 2019 to June 2021, the state has since extended the pilot through June 30, 2025, with expanded funding and increased flexibility for the use of these funds. In response to the extension and expansion of the Home Safe pilot, we launched a new service model to support housing transitions for individuals experiencing homelessness, in addition to continuing our existing work in homelessness prevention. We launched this new model in May 2022, in close partnership with our local Department of Homelessness and Supportive Housing and the Department of Public Health. Under this model, we identify older and disabled adults living in congregate shelter settings who exhibit very high clinical needs, facilitate housing navigation and move-in to nursing-supported Permanent Supportive Housing, and provide case management for an addition 3-4 months to ensure clients' ongoing stability in their new permanent housing. To date, Home Safe has served over 200 clients, and will continue to provide both homelessness prevention and housing transitions services to APS clients in need over the coming year.</p>
<p><b>D. Support quality care in long-term care settings.</b> Through the Long-Term Care Ombudsman program, we will support appropriate care and high quality of life for residents of assisted living facilities and other long-term care settings receive quality care. This will include increased outreach and engagement among monolingual Chinese language speakers; our local program has hired a dedicated bilingual specialist to focus on this growing segment of the client population.</p>	<p>July 2020 to June 2024</p>		<p>The Long-Term Care Ombudsman program continues to support residents in assisted living and skilled nursing facilities. The program has developed teams to provide strategic support to facilities to maximize their familiarity and ease of access to Ombudsman staff, and to strengthen responsiveness to emergent issues. The program continues to employ Chinese speaking staff as this resident population continues to grow.</p>

<b>Goal 3: Provide and support consumer-centered programming to best address client needs.</b>			
Rationale: Our clients are unique individuals who come from diverse communities, have varied needs and express different preferences for how to engage in services and receive care. We must take a whole person approach in serving consumers and support systems integration within DAS and the community to streamline access to resources. As we work with consumers, we must be mindful of all resources that may be useful for their situation.			
<b>Objective</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C</b>	<b>Update Status</b>
<b>A. Streamline access to resources across Department and community to promote timely access of needed resources.</b> DAS will establish an online resource directory that will serve as a centralized source of information about resources that support seniors to safely age in the community. Launching in FY 2020-21 with support from the Stupski and Dolby foundations, we will develop a plan for ongoing sustainability and continue over the next four years to monitor and adjust the directory to ensure it is an effective tool for the public, as well as service professionals.	July 2020 to June 2024		In FY 2022-23, DAS completed vendor procurement and began the process of building our online resource directory. This dynamic, searchable directory will allow users to identify the disability and aging resources both within and beyond the DAS service network that best meet their needs. We are currently in a user testing phase, and plan to launch the directory later this year. Following this launch, DAS will implement new tools and training to support interagency service referral, making it easier for service providers to successfully connect their clients to other needed resources.
<b>B. Ensure programs are culturally appropriate for the city's diverse low-income older people and adults with disabilities.</b> Guided by our Equity Analysis and subsequent analysis, we will address identified equity issues to support all San Franciscans to age with dignity in the community. One new equity-focused initiative is the development of new services tailored for transgender and gender non-conforming (TGNC) residents to promote meaningful connection and engagement for 130 consumers in FY 2020-21.	July 2020 to June 2024		Equity considerations and culturally relevant programming remain a priority for DAS. Our TGNC programs provide meaningful support for transgender and gender non-conforming clients, and show great impact: more than 90% of program clients report having increased opportunities for positive social interaction. As our pilot grant terms conclude, DAS will reestablish grants to ensure continuity of these essential services. DAS is also currently procuring a service provider to implement a Disability Community Cultural Center, a process informed by two community listening sessions held in early 2023. We will begin the implementation process later this year.

<p><b>C. Develop new and innovative programs that address the needs of unique communities and consumer groups.</b> Working closely with our community providers, we will explore grassroots models and expand services that address population needs and preferences. This includes our new Peer Ambassador program, which appoints outreach liaisons in commercial corridors who also serve as neighborhood liaisons to our service network.</p>	<p>July 2020 to June 2024</p>		<p>DAS continues to support four peer ambassadors who help educate residents about Department services and other available disability and aging resources in key neighborhoods throughout the city. Peer ambassadors conduct in-person outreach to residents across a variety of venues, including public libraries, restaurants, and affordable housing sites where large numbers of older adults and adults with disabilities live. DAS also continues to provide safety escort services, for which community need remains high. Escorts accompany older and disabled adults citywide to conduct business, tasks, and errands in their community; clients report feeling a greater sense of safety and security when navigating the city with an escort. Last year, the program began using social media to share resources and news about safety. We will continue to provide these services in the coming year, and explore strategies to further expand their reach into the community.</p>
<p><b>D. Support consumers to meet their needs safely during the coronavirus emergency and recovery.</b> In coordination with the City’s emergency response, DAS will provide adapted, enhanced, and/or new resources to support older and disabled adults to meet their needs safely in the context of COVID-19. During the immediate pandemic response and long-term recovery, we will ensure services are accessible and tailored to meet the unique situations of our community members.</p>	<p>March 2020 to TBD</p>		<p>DAS continues to support service providers as we navigate the end of emergency and disaster declarations and settle programs into a “new normal.” DAS will wind down provision of Personal Protective Equipment (PPE) to providers and work with them to incorporate ongoing PPE needs into their program budgets. DAS staff will work with providers in interpreting changes in program guidelines, particularly Nutrition programs, to ensure compliance with new requirements. DAS will review and support continuation of virtual and new delivery of program models, particularly those that increased accessibility of services to community members.</p>

<b>Goal 4: Expand planning and evaluation efforts to ensure best use of resources and maximize client outcomes.</b>			
Rationale: To effectively serve older people and adults with disabilities living in San Francisco, we need to develop useful information that allows us to identify and understand unmet needs and formulate thoughtful strategies to fill those gaps. We are committed to measuring the impact of our services and working collaboratively with other agencies and community partners to support a data-informed process for service.			
<b>Objective</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C</b>	<b>Update Status</b>
<b>A. Develop information to support data-informed decision-making.</b> In order to better understand specific trends, population needs, and program impact, DAS will conduct deep dives into specific topics and program areas each year. Topics may include focused needs assessments of specific consumer groups and/or evaluations of specific services.	July 2020 to June 2024		In April 2022, DAS completed the Dignity Fund Community Needs Assessment, which identifies areas of unmet need for San Francisco's older adults and people with disabilities. We conducted extensive community research and prepared a quantitative equity analysis based on program administrative data to develop nine high-level findings and corresponding recommendations for addressing community needs. We then developed a Services and Allocation Plan informed by these findings. Published in March 2023, this plan outlines the Department's program and funding priorities for the next four years. In the coming year, we will begin implementation of this plan.
<b>B. Strengthen outcome objectives to support better understanding of program impact.</b> We will draw on research literature and work in collaboration with our community partners to ensure metrics are meaningful and manageable. We will focus on specific service areas according to the contract cycle schedule outlined in the Dignity Fund 2020-23 Service and Allocation Plan. In FY 2020-21, we will focus on the Access and Empowerment, Caregiver Support and Housing Support service areas.	July 2020 to June 2024		In the wake of the COVID-19 outbreak, DAS shifted capacity to focus on emergency response activities and work to ensure continuity of services. As we continue to move beyond these shifts, DAS will resume work to improve the meaningfulness and consistency of outcome objectives for our more than 60 services, in close collaboration with our community service provider network. We will also resume preparation of our annual Dignity Fund Data & Evaluation Report later this year. In FY 2023-24, DAS will prepare our first-ever Dignity Fund Cycle-End Evaluation Report, following the conclusion of the current funding cycle.

<p><b>C. Facilitate an Age- and Disability-Friendly City.</b> San Francisco has joined World Health Organization and AARP initiatives to develop inclusive and livable cities. We will conclude our first cycle in FY 2020-21 and evaluate the impact of this effort and then begin a second cycle.</p>	<p>July 2020 to June 2024</p>		<p>Over the last year, DAS has supported the Age- and Disability-Friendly San Francisco (ADFSF) workgroup to develop a new ADFSf plan for a second three-year cycle from 2023-2025. This new plan is based on findings from the previous cycle evaluation and carries some priorities forward from the original plan. It also incorporates new research and considerations that emerged across key domains in the evolving COVID-19 pandemic context. The ADFSf Work Group has begun work to implement 10 activities across four domains: (1) transportation; (2) communication, information, and technology; (3) engagement and inclusion; and (4) outdoor spaces and buildings. Over the coming year and beyond, we will bring together City departments, service providers, advocates, and community members to shape and carry out these actions.</p>
<p><b>D. Encourage and support collaboration across providers, government agencies, and other partners.</b> Through informal and formal partnerships, we will seek to leverage expertise and reduce duplication to best serve client populations. This includes supporting our contractors to develop new collaborations, as well as supporting other fields and service systems to work with older people and adults with disabilities.</p>	<p>July 2020 to June 2024</p>		<p>The DAS Office of Community Partnerships continues to serve as a key collaborator and resource for our community partners, helping our provider network to maintain continuity of services and address emergent community needs. DAS also works closely with other City departments. For example, we work with the SF Department of Health to coordinate the Community and Home Injury Prevention Project for Seniors (CHIPPS). The CHIPPS program provides home safety education, home assessments, and minor home modifications for older adults in San Francisco.</p>

<b>Goal 5: Support and develop an engaged professional workforce that is prepared to work with older adults and adults with disabilities.</b>			
Rationale: For older adults and people with disabilities to live and engage in community, it is critical that San Francisco has a robust professional workforce trained in aging and disability issues to provide services and supports.			
<b>Objective</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C</b>	<b>Update Status</b>
<b>A. Support professional education and training.</b> DAS will implement an enhanced educational training curriculum for DAS staff. Additionally, in coordination with the Advisory Council, we will provide quarterly educational presentations for our providers on topics like “Disability and Ableism” in community settings.	July 2020 to June 2024		DAS Training provides extensive training opportunities for Department staff, community providers, and other partners. Trainings include monthly presentations by the DAS Benefits and Resource Hub, which provide an overview of the DAS service network and other disability and aging resources. Another highlight is our collaboration with the University of California – San Francisco Geriatric Workforce Enhancement program, through which we have offered multiple trainings on topics including: Dementia, Substance Use in Older Adults, Ageism, Lessons Learned from Covid-19, and Care Provider Burnout Prevention. We also have continued our partnership with the Institute on Aging to offer multiple Elder Abuse Prevention and Mandated Reporter trainings throughout the year. To reach a wider audience, we began offering this training in Chinese; in 2023, we will provide these training opportunities supported by interpretation services in Chinese, Spanish, Russian, Vietnamese, and Filipino. In the coming year, year, we will also offer several enhanced elder abuse prevention trainings with deeper dives into topics like financial scams and sexual assault.

<p><b>B. Engage students in the field of aging and disability services through internships and school partnerships.</b> Through our Adult Protective Services program, we will participate in a state pilot of MSW internship stipends (modeled after the child welfare Title IVE program). We will explore opportunities to support our community partners to offer paid internships and also to partner with City College certification programs.</p>	<p>July 2020 to June 2024</p>		<p>This past year, APS hosted two graduate student interns — one from San Francisco State University, and one from the University of California, Berkeley. We maintain a meaningful relationship with these schools to reinforce career pathways between Masters-level social work programs and APS, and have successfully cultivated several strong candidates for full-time employment through these partnerships. We plan to host two to three interns in FY 2023-24. In addition, the Office of Community Partnerships remains committed to implementing a pilot summer internship program for community-based organizations funded by DAS. Although our plans were temporarily suspended last year due to staff capacity constraints, we expect to begin development of this pilot as we bring on new staff.</p>
<p><b>C. Develop an overview presentation of senior/disability resources and provide regularly.</b> To ensure service professionals understand the full range of available services, we will develop a standing presentation that provides an overview of the aging and disability service network. This training will be provided on a regular basis to DAS staff and service providers, both to orient new professionals to the City and also ensure longer-term professionals are up-to-date on local resources.</p>	<p>July 2020 to June 2024</p>		<p>Last year, the DAS Benefits and Resource Hub developed an updated presentation which provides a digestible overview of the aging and disability service network for service providers and consumers alike. Hub and DAS Training now offer this presentation virtually every month to DAS employees and community-based provider staff to ensure all new staff and those who want a refresh have easy and timely access to this information. The Hub also provides presentations upon request to community providers and other partners, both virtually and in-person. We often tailor these presentations to the specific needs of the requestors: recent examples include a presentation for immigration services providers and a presentation focused on services for clients experiencing homelessness.</p>

<p><b>D. Build staff capacity to apply principles of racial equity and trauma-informed systems in professional practice.</b> As part of an Agency-wide effort to promote racial equity, DAS staff will participate in trainings on the racial equity framework and convene a staff-driven workgroup to develop Departmental equity initiatives. Additionally, within our Adult Protective Services and Public Conservator programs, DAS will train staff on trauma-informed systems, conduct a baseline organizational health assessment, and develop and implement a plan for adopting trauma-informed practices.</p>	<p>July 2020 to June 2024</p>		<p>Throughout the last year, DAS leadership and staff have remained active in several Agency-wide initiatives to advance racial equity. These activities include: serving as representatives in our employee-led Racial Equity Work Group, supporting the implementation of SFHSA's Racial Equity Action Plan; creating and participating in a variety of affinity groups that cultivate more candid conversations about race and identity, offer peer support, and enhance staff sense of belonging; and participating in a new employee mentorship program as leadership mentors and staff mentees to provide junior staff greater opportunities for development and promotion. We will continue to encourage participation in these initiatives and other opportunities to advance racial equity in the coming year.</p>
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# Service Unit Plan (SUP) Objectives

This section identifies anticipated service units for each program supported by funding from the California Department of Aging. This consists of seven subsections by funding source and program type; report instructions have been italicized font to better delineate our response to the prompts.

**TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES**  
**CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the Older Americans Act Performance System (OAAPS) Categories and units of service. They are defined in the OAAPS State Program Report (SPR).

For services not defined in OAAPS, refer to the [Service Categories and Data Dictionary](#).

Report the units of service to be provided with **ALL regular AP funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VII. Only report services provided; others may be deleted.

## 1. TITLE IIIB: SUPPORTIVE SERVICES & TITLE IIIC: NUTRITION

### Personal Care (In-Home)

**Unit of Service = 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	460	1, 2, 3, 4, 5	
2021-2022	460	1, 2, 3, 4, 5	
2022-2023	460	1, 2, 3, 4, 5	
2023-2024	920	1, 2, 3, 4, 5	

### Homemaker (In-Home)

**Unit of Service = 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	520	1, 2, 3, 4, 5	
2021-2022	520	1, 2, 3, 4, 5	
2022-2023	520	1, 2, 3, 4, 5	
2023-2024	1,040	1, 2, 3, 4, 5	

### Chore (In-Home)

**Unit of Service = 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	520	1, 2, 3, 4, 5	
2021-2022	520	1, 2, 3, 4, 5	
2022-2023	520	1, 2, 3, 4, 5	
2023-2024	1,040	1, 2, 3, 4, 5	

**Home-Delivered Meal****Unit of Service = 1 Meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,985,100	1, 2, 3, 4, 5	
2021-2022	1,974,108	1, 2, 3, 4, 5	
2022-2023	1,856,311	1, 2, 3, 4, 5	
2023-2024	1,970,118	1, 2, 3, 4, 5	

**Congregate Meal****Unit of Service = 1 Meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	997,500	1, 2, 3, 4, 5	
2021-2022	1,006,259	1, 2, 3, 4, 5	
2022-2023	951,878	1, 2, 3, 4, 5	
2023-2024	1,134,704	1, 2, 3, 4, 5	

**Nutrition Counseling****Unit of Service = 1 Session per Participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,288	1, 2, 3, 4, 5	
2021-2022	1,953	1, 2, 3, 4, 5	
2022-2023	1,749	1, 2, 3, 4, 5	
2023-2024	1,479	1, 2, 3, 4, 5	

**Transportation (Access)****Unit of Service = 1 Way Trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	36,000	1, 2, 3, 4, 5	
2021-2022	16,500	1, 2, 3, 4, 5	
2022-2023	16,500	1, 2, 3, 4, 5	
2023-2024	16,500	1, 2, 3, 4, 5	

**Legal Assistance****Unit of Service = 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	14,984	1, 2, 3, 4, 5	
2021-2022	22,565	1, 2, 3, 4, 5	
2022-2023	22,565	1, 2, 3, 4, 5	
2023-2024	20,620	1, 2, 3, 4, 5	

**Nutrition Education**

**Unit of Service = 1 Session per Participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	46,600	1, 2, 3, 4, 5	
2021-2022	46,600	1, 2, 3, 4, 5	
2022-2023	42,000	1, 2, 3, 4, 5	
2023-2024	48,878	1, 2, 3, 4, 5	

**Information and Assistance (Access)**

**Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	4,500	1, 2, 3, 4, 5	
2021-2022	5,000	1, 2, 3, 4, 5	
2022-2023	5,000	1, 2, 3, 4, 5	
2023-2024	5,000	1, 2, 3, 4, 5	

**2. OAAPS SERVICE CATEGORY: "OTHER" TITLE III SERVICES**

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Not applicable

**3. TITLE IIID: DISEASE PREVENTION AND HEALTH PROMOTION**

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*Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program, and explain how the service activity meets the criteria for evidence-based programs described in PM 15-10 if not ACL approved.*

Service Activities: Chronic Disease Self-Management Program (CDSMP) and Diabetes Education Empowerment Program (DEEP)

**Title IIID/Disease Prevention and Health Promotion Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,456	1, 2, 3, 4, 5	
2021-2022	3,456	1, 2, 3, 4, 5	
2022-2023	3,456	1, 2, 3, 4, 5	
2023-2024	2,304	1, 2, 3, 4, 5	

#### 4. TITLE IIIB/TITLE VIIA: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

As mandated by the Older Americans Act Reauthorization Act of 2016, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSLTCO in the State Annual Report to the Administration on Aging (AoA).

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2016, Section 712(a)(3), (5)]

#### **Measures and Targets:**

##### **A. Complaint Resolution Rate** (NORS Element CD-08) (Complaint Disposition).

The average California complaint resolution rate for FY 2017-2018 was 73%.

1.	FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved <u>260</u> + number of partially resolved complaints <u>231</u> divided by the total number of complaints received <u>737</u> = Baseline Resolution Rate <u>67</u> %
2.	FY 2019-2020 Baseline Resolution Rate: Number of complaints resolved <u>196</u> + number of partially resolved complaints <u>197</u> divided by the total number of complaints received <u>573</u> = Baseline Resolution Rate <u>69</u> %
3.	FY 2020 - 2021 Baseline Resolution Rate: Number of complaints resolved <u>299</u> + number of partially resolved complaints <u>0</u> divided by the total number of complaints received <u>649</u> = Baseline Resolution Rate <u>46</u> %
4.	FY 2021-2022 Baseline Resolution Rate: Number of complaints resolved <u>452</u> + number of partially resolved complaints <u>0</u> divided by the total number of complaints received <u>621</u> = Baseline Resolution Rate <u>73</u> %
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>	

**B. Work with Resident Councils** (NORS Elements S-64 and S-65)

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>31</u> <b>FY 2020-2021 Target <u>55</u></b>
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <u>24</u> <b>FY 2021-2022 Target <u>55</u></b>
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended <u>17</u> <b>FY 2022-2023 Target <u>35</u></b>
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended <u>19</u> <b>FY 2023-2024 Target <u>35</u></b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**C. Work with Family Councils** (NORS Elements S-66 and S-67)

1. FY 2018-2019 Baseline: Number of Family Council meetings attended <u>8</u> <b>FY 2020-2021 Target <u>13</u></b>
2. FY 2019-2020 Baseline: Number of Family Council meetings attended <u>4</u> <b>FY 2021-2022 Target <u>13</u></b>
3. FY 2020-2021 Baseline: Number of Family Council meetings attended <u>25</u> <b>FY 2022-2023 Target <u>26</u></b>
4. FY 2021-2022 Baseline: Number of Family Council meetings attended <u>12</u> <b>FY 2023-2024 Target <u>26</u></b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**D. Information and Assistance to Facility Staff** (NORS Elements S-53 and S-54)

*Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in-person.*

1. FY 2018-2019 Baseline: Number of Instances <u>335</u> <b>FY 2020-2021 Target <u>155</u></b>
2. FY 2019-2020 Baseline: Number of Instances <u>384</u> <b>FY 2021-2022 Target <u>155</u></b>
3. FY 2020-2021 Baseline: Number of Instances <u>358</u> <b>FY 2022-2023 Target <u>500</u></b>
4. FY 2021-2022 Baseline: Number of Instances <u>159</u> <b>FY 2023-2024 Target <u>500</u></b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**E. Information and Assistance to Individuals** (NORS Elements S-55)

*Count of instances of Ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by: telephone, letter, email, fax, or in person.*

1. FY 2018-2019 Baseline: Number of Instances <u>617</u> <b>FY 2020-2021 Target <u>540</u></b>
2. FY 2019-2020 Baseline: Number of Instances <u>1,144</u> <b>FY 2021-2022 Target <u>540</u></b>
3. FY 2020-2021 Baseline: Number of Instances <u>1,355</u> <b>FY 2022-2023 Target <u>600</u></b>
4. FY 2021-2022 Baseline: Number of Instances <u>571</u> <b>FY 2023-2024 Target <u>600</u></b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**F. Community Education** (NORS Elements S-68)

*LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants. This cannot include sessions that are counted as Public Education Sessions under the Elder Abuse Prevention Program.*

1. FY 2018-2019 Baseline: Number of Sessions <u>12</u> <b>FY 2020-2021 Target <u>7</u></b>
2. FY 2019-2020 Baseline: Number of Sessions <u>5</u> <b>FY 2021-2022 Target <u>7</u></b>
3. FY 2020-2021 Baseline: Number of Sessions <u>4</u> <b>FY 2022-2023 Target <u>10</u></b>
4. FY 2021-2022 Baseline: Number of Sessions <u>19</u> <b>FY 2023-2024 Target <u>10</u></b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**G. Systems Advocacy** (NORS Elements S-01, S-07.1)

*One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area Plan year, in narrative format, please provide at least one new priority systems advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. The systems advocacy effort may be a multi-year initiative, but for each year, describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.*

*Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program.*

*Enter information in the relevant box below.*

FY 2020-2021
<p><b>FY 2020-2021 Systems Advocacy Effort(s):</b> <i>(Provide one or more new systems advocacy efforts)</i></p> <p>(1) The Ombudsman program will be increasing outreach and engagement efforts among monolingual Chinese language speaking residents of skilled nursing and residential care facilities. This is a growing segment of the client population and one which the Ombudsman program believes is not accessing services at the same rates as other populations. The Ombudsman program has established a dedicated bilingual Cantonese speaking Ombudsman specialist to focus on this population. The responsibilities of this staff position will include outreach and education at skilled nursing and residential care facilities as a means to increase awareness and utilization of Ombudsman services by monolingual Cantonese speaking residents and their families. The staff position will also be tasked with complaint response and investigation.</p> <p>(2) Ombudsman staff will also continue to work on systemic advocacy around the closure of Assisted Living Facilities (RCFE/ARF) in the City and County of San Francisco. This continues to be an ongoing issue in the City, with increased attention towards development policies and support structures to ensure that residential care facilities continue to operate in the City. The Ombudsman program will work with local advocacy groups as well as local government officials to seek solutions to this problem. Work will include participation in workgroups, providing testimony and expert information at public hearings and in research efforts, and involvement in situations where residential care facilities are slated for closure. Ombudsman interventions in these closure situations will be to help seek solutions to keep the facilities open, as well</p>

## FY 2021-2022

### **Outcome of FY 2020-2021 Efforts:**

- (1) The Ombudsman program has two Cantonese-Mandarin language specialists who conducted outreach and engagement at all skilled nursing and residential care facilities where monolingual Chinese speakers resided – serving approximately 100 individuals across 12 sites. These specialists also continued to coordinate a Cantonese-Mandarin focused Family Council, organizing one of the first virtual family councils in California following the outbreak of the COVID-19 pandemic in March 2020.
- (2) Following the outbreak of COVID-19 in early 2020, plans for systemic advocacy to seek solutions to the closure of RCFE/ARF in San Francisco were temporarily suspended; advocacy efforts were redirected to the emergency response. The Ombudsman Program Director joined a workgroup of City and community partners who met weekly to coordinate monitoring for COVID-19 outbreaks at RCFE/ARF and implementing infection control and mitigation strategies. The Ombudsman program contacted all RCFE/ARF sites, including smaller facilities, to support tracking on infection control efforts. In addition, the program provided advocacy for expanding Internet connectivity to smaller facilities to address concerns that persons with mental health disabilities at these sites may lack ongoing tele-health contact with case managers and health professionals coordinating their care.

### **FY 2021-2022 Systems Advocacy Effort(s):** *(Provide one or more new systems advocacy efforts)*

- (1) In coordination with the San Francisco Office of the Public Guardian, the Ombudsman program will provide outreach to RCFE/ARF residents, including those with cognitive impairment, who may not be accessing guardianship services and would benefit from connection to this resource. To ensure equitable delivery of outreach services, program staff will be trained to address the needs of RCFE/ARF residents who may be unable to participate in virtual Ombudsman visits due to capacity or other factors.
- (2) Ombudsman staff will plan regular visits to RCFE/ARF memory care units to observe staffing, activities, and review the Dementia Plans they have submitted to the state's Community Care Licensing Division. Staff will also review facilities' training content for dementia care planning to ensure alignment with best practices recommended by the Alzheimer's Association. Based on this oversight, the Ombudsman program will make policy recommendations to improve the quality and consistency of memory care services across facilities.

## FY 2022-2023

### **Outcome of FY 2021-2022 Efforts:**

- (1) The Ombudsman program has continued its focus on outreach to monolingual Chinese speaking residents of RCFE/ARF. Due in part to COVID-19 related staffing issues and the ongoing challenges of providing virtual Ombudsman services to address residents' care planning needs, overall outreach levels to this population declined slightly compared to the prior year. The program's Cantonese-Mandarin outreach team is currently made up of one full-time and two part-time staff; the program intends to add another full-time position to further reinforce these efforts.
- (2) Ombudsman staff have resumed work on systemic advocacy around the closure of Assisted Living Facilities (RCFE/ARF) in the City and County of San Francisco, which continues to be an ongoing issue in the City. The Ombudsman program continues to work with local advocacy groups as well as local government officials to seek solutions to this problem.

### **FY 2022-2023 Systems Advocacy Effort(s):** *(Provide one or more new systems advocacy efforts)*

- (1) The Ombudsman program will undertake work to address the psychological effects of long-term isolation and quarantine due to COVID-19 on skilled nursing facility residents. These efforts follow from a report commissioned by the San Francisco Long Term Care Coordinating Council on the mental health needs of this population. The report offered several recommendations, including to increase Ombudsman visits to facilities, supported by well-trained staff with an understanding of the importance of socialization, visitation, and choice for facility residents. Program staff will focus on operationalizing this recommendation in the coming year to help address non-clinical aspects of residents' psychological well-being.
- (2) The Ombudsman program will bring a greater focus to issues of abuse, neglect, and self-neglect at RCFE/ARF. The program plans to hire a staff person whose primary responsibility will be to regularly visit these facilities to conduct mandated reporter training to service providers, provide direct outreach and education to residents on issues of abuse and neglect, and to respond to reports of abuse as they arise.

## FY 2023-2024

### **Outcome of 2022-2023 Efforts:**

- (1) The Ombudsman program brought greater focus to issues of social isolation among skilled nursing and assisted living facility residents in FY 2022-23, and will continue these efforts into the coming year. Activities include, but are not limited to: (a) creating a general calendar of all Resident Council meetings for all skilled nursing facilities and large assisted living facilities, and training Ombudsman volunteers how to empower residents and better understand what barriers may prevent residents from attending Council meetings; (b) monitoring facility policy compliance with state guidance on COVID-19 related isolation; (c) reviewing residents' opportunities and choice to socialize, both in and outside of their rooms; (d) collaborating with clinical specialists at Laguna Honda Hospital to resolve negative interactions that may occur during the abuse reporting process; and (e) providing in-service training to Ombudsman staff and expand clinical expertise to address both clinical and non-clinical effects of social isolation.
- (2) Ombudsman staff also continued their focus on issues of abuse, neglect, and self-neglect in FY 2022-23. The program filled a key vacancy, hiring a new Ombudsman Abuse Investigator to attend several multi-disciplinary teams focused on abuse prevention and protective services, including: meetings of the SF Elder Abuse Forensic Center, High-Risk Self-Neglect MDT, and the Elder Death Review Team. In the new year, the program will begin to identify and bring forward cases to these groups. Once fully onboarded, the Abuse Investigator will develop a staff team to focus on reports of abuse. Additionally, the Abuse Investigator and Ombudsman Program Manager will provide facility-centered abuse report training to all skilled nursing facility frontline caregivers to increase needed reporting by these institutions and large assisted living facilities.

### **FY 2023-2024 Systems Advocacy Effort(s):** *(Provide one or more new systems advocacy efforts)*

- (1) The Ombudsman program will focus on advocating for greater quality of life in assisted living facility memory care units. Specifically, the program will make recommendations to establish consistency of quality care in units across facilities providing memory care services.
- (2) Ombudsman staff will provide training on abuse identification and reporting to caregivers in skilled nursing facilities and large assisted living facilities, to address concerns that abuse is underreported in these settings (reports volume has been very low since the outbreak of the COVID-19 pandemic from all facilities but Laguna Honda Hospital).

Outcome 2. Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2016), Section 712(a)(3)(D), (5)(B)(ii)]

**Measures and Targets:**

**A. Routine Access: Nursing Facilities** (NORS Elements S-58)

*Number of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter **not** in response to a complaint. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.*

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>19</u> <b>FY 2020-2021 Target <u>19</u></b>
2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>0</u> <b>FY 2021-2022 Target <u>19</u></b>
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>15</u> <b>FY 2022-2023 Target <u>20</u></b>
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>15</u> <b>FY 2023-2024 Target <u>18</u></b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**B. Routine Access: Residential Care Communities** (NORS Elements S-61)

*Number of RCFEs within the PSA that were visited by an Ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.*

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>34</u> <b>FY 2020-2021 Target <u>42</u></b>
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> <b>FY 2021-2022 Target <u>34</u></b>
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>49</u> <b>FY 2022-2023 Target <u>49</u></b>
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>49</u> <b>FY 2023-2024 Target <u>49</u></b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**C. Number of Full-Time Equivalent (FTE) Staff** (NORS Elements S-23)

*This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.*

1. FY 2018-2019 Baseline: <u>6.39</u> FTEs <b>FY 2020-2021 Target <u>7.0</u> FTEs</b>
2. FY 2019-2020 Baseline: <u>7.79</u> FTEs <b>FY 2021-2022 Target <u>7.0</u> FTEs</b>
3. FY 2020-2021 Baseline: <u>6.92</u> FTEs <b>FY 2022-2023 Target <u>7.65</u> FTEs</b>
4. FY 2021-2022 Baseline: <u>7.65</u> FTEs <b>FY 2023-2024 Target <u>7.65</u> FTEs</b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

**D. Number of Certified LTC Ombudsman Volunteers** (NORS Elements S-24)

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers: <u>19</u> <b>FY 2020-2021 Projected: Number of certified LTC Ombudsman volunteers: <u>17</u></b>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers: <u>16</u> <b>FY 2021-2022 Projected: Number of certified LTC Ombudsman volunteers: <u>17</u></b>
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers: <u>23</u> <b>FY 2022-2023 Projected: Number of certified LTC Ombudsman volunteers: <u>20</u></b>
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers: <u>24</u> <b>FY 2023-2024 Projected: Number of certified LTC Ombudsman volunteers: <u>20</u></b>
Program Goals and Objective Numbers: <u>1, 2, 3, 4, 5</u>

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2016, Section 712(c)]

**Measures and Targets:**

*In the box below, in narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Reporting System (NORS) data reporting.*

*Some examples could include:*

- *Hiring additional staff to enter data*
- *Updating computer equipment to make data entry easier*
- *Initiating a case review process to ensure case entry is completed in a timely manner*

<b>FY 2020-2021</b>
<ol style="list-style-type: none"> <li>1) The NORS system was recently updated to “ODIN 2020” an update version of the current reporting system. As a result the Ombudsman program is hosting increased training opportunities for volunteers to learn how to use this system. The update and trainings will also be used as an opportunity to remind and promote timely and accurate reporting amongst the volunteer corps.</li> <li>2) In addition to the trainings, the Ombudsman program is setting up two new cubicles with computers in their office, which will be reserved and dedicated for volunteer use. Volunteers will be encouraged to come to the Ombudsman office to complete documentation and database reporting of casework; Ombudsman staff at the office will serve as support and trainers for volunteers utilizing these computer stations.</li> </ol>
<b>FY 2021-2022</b>
<ol style="list-style-type: none"> <li>1) To support improved consistency and completeness of data collection by Ombudsman staff and volunteers, we are developing teams led by program staff to oversee data entry. Full-time staff will supervise volunteers to meet requirements for complete and timely data entry into the NORS system.</li> </ol>
<b>FY 2022-2023</b>
<ol style="list-style-type: none"> <li>1) The Ombudsman program will seek funding to hire a staff person to support data entry and assist staff and volunteers to complete necessary documentation. This staff member will also be a Certified Ombudsman.</li> <li>2) To support Ombudsman staff to meet the Administration of Community Living’s requirement to complete a minimum of 18 hours of continuing education annually, the program will schedule at least 8 hours of formalized case review.</li> </ol>
<b>FY 2023-2024</b>
<ol style="list-style-type: none"> <li>1) The Ombudsman program will provide in-service training to staff and volunteers regarding documentation requirements and best practices for data entry into the ODIN/NORS system.</li> <li>2) The program will also train clerical staff to enter data.</li> </ol>

## 5. TITLE VIIA: ELDER ABUSE PREVENTION

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The program conducting the Title VIIA Elder Abuse Prevention work is:

<input type="checkbox"/>	Ombudsman Program
<input type="checkbox"/>	Legal Services Provider
<input checked="" type="checkbox"/>	Adult Protective Services
<input type="checkbox"/>	Other (explain/list)

*Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title III E Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.*

*When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available. Activities reported for the Title VII Elder Abuse Prevention Program must be distinct from activities reported for the LTC Ombudsman Program. No activity can be reported for both programs.*

*AAAs must provide one or more of the service categories below.*

*NOTE: The number of sessions refers to the number of presentations and not the number of attendees*

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or

*its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.*

- **Educational Materials Distributed** –*Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.*
- **Number of Individuals Served** –*Indicate the total number of individuals expected to be reached by any of the above activities of this program.*

The agencies receiving Title VIIA Elder Abuse Prevention funding are:  
Institute on Aging, Asian Pacific Islander Legal Outreach

Fiscal Year	Total # of Public Education Sessions
2020-2021	20
2021-2022	12
2022-2023	20
2023-2024	20

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	25
2021-2022	25
2022-2023	29
2023-2024	29

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	0
2021-2022	0
2022-2023	0
2023-2024	0

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	287
2021-2022	160
2022-2023	283
2023-2024	283

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	4,540	A variety of materials for the general public and professionals, including an Elder Abuse Prevention FAQ Sheet in six languages, Elder Justice Workshop Resource Guide, AB40 LTC Mandated Reporter Flow Chart, SOC34, Top Five Under-the-Radar Financial Scams, and Forensic Center FAQ.
2021-2022	3,000	See above.
2022-2023	4,540	See above. Materials also include information pertaining to the San Francisco District Attorney's Consumer Fraud Unit. These materials are available in multiple languages to the general public, front line service professionals and caregivers, and Adult Protective Services, District Attorney, and County Veterans Service Office staff to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation and scams specifically targeting Asian/Pacific Islander community members. These educational materials are available in, but not limited to, English, Chinese, Filipino (Tagalog), Korean, Vietnamese, and Spanish.
2023-2024	4,540	See above.

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
<b>2020-2021</b>	5,940
<b>2021-2022</b>	4,000
<b>2022-2023</b>	5,940
<b>2023-2024</b>	5,940

## 6. TITLE IIIIE: FAMILY CAREGIVER SUPPORT

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

### Direct and/or Contracted IIIIE Services: Family Caregiver Services Caring for Older Adults

Categories	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
<b>2020-2021</b>	# of activities: <u>41</u> Total est. audience for above: <u>700</u>		
<b>2021-2022</b>	# of activities: <u>41</u> Total est. audience for above: <u>700</u>		
<b>2022-2023</b>	# of activities: <u>41</u> Total est. audience for above: <u>700</u>		
<b>2023-2024</b>	# of activities: <u>41</u> Total est. audience for above: <u>700</u>		
<b>Access Assistance</b>	<b>Total Contacts</b>		
<b>2020-2021</b>	768		
<b>2021-2022</b>	768		
<b>2022-2023</b>	768		
<b>2023-2024</b>	747		
<b>Support Services</b>	<b>Total Hours</b>		
<b>2020-2021</b>	2,836		
<b>2021-2022</b>	2,312		
<b>2022-2023</b>	2,312		
<b>2023-2024</b>	2,377		
<b>Respite Care</b>	<b>Total Hours</b>		
<b>2020-2021</b>	960		
<b>2021-2022</b>	960		
<b>2022-2023</b>	960		
<b>2023-2024</b>	960		
<b>Supplemental Services</b>	<b>Total Occurrences</b>		
<b>2020-2021</b>	90		
<b>2021-2022</b>	90		
<b>2022-2023</b>	90		
<b>2023-2024</b>	90		

**Direct and/or Contracted IIIE Services: Grandparent Services Caring for Children**

We do not fund these services using Older Americans Act funding.

## 7. HEALTH INSURANCE COUNSELING & ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN

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**STATE & FEDERAL PERFORMANCE TARGETS:** The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).

The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the SHIP Annual Resource Report. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL's approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA's Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:

- PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as "interactive" events
- PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as "interactive"
- PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with "hard-to- reach" Medicare beneficiaries designated as:
  - PM 2.4a Low-income (LIS)
  - PM 2.4b Rural
  - PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the HICAP State and Federal Performance Measures tool located online at: [https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/#pp-planning](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning). (Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal Annual Resource Report data are documented and verified complete/ finalized in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. **HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).**

## **HICAP Legal Services Units of Service (if applicable)<sup>5</sup>**

We do not fund HICAP Paid Legal Services.

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<sup>5</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

# Governing Board

This section lists the members of the Commission on Disability and Aging Services, which is our Mayoral-appointed oversight body.

<b>CCR Article 3, Section 7302(a)(11)</b>
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**Total Number of Board Members:**   7  

Name and Title of Officers	Term Expiration
Martha Knutzen, Commission President	7/1/24
Janet Spears, Commission Vice President	5/19/23

Name and Title of Other Members	Term Expiration
Barbara Sklar	7/1/24
Linda Parker Pennington	1/15/24
Nelson Lum	1/15/24
Sascha Bittner	1/15/24
Wanda Jung	1/15/24

# Advisory Board

This section describes the membership of the Advisory Council, which advises the Disability and Aging Services Commission (our Governing Board described in Section 16).

**Older Americans Act Reauthorization Act of 2016 Section 306(a)(6)(D)  
45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)**

The Advisory Council provides input on matters relating to the wellbeing of older people in San Francisco and supports the development, administration, and operations of this Area Plan.

**Total Council Membership (include vacancies)** 22 (10 vacancies)  
**Number of Council Members Age 60+** 11

Race/Ethnic Composition	% of San Francisco Population*	% on Advisory Council
White	41%	75%
Hispanic	15%	0%
Black	5%	8%
Asian/Pacific Islander	34%	0%
Native American/Alaskan Native	0.2%	0%
Other	5%	8%

\*Source: 2019 American Community Survey 5-Year Estimates

Name and Title of Officers	Term Expiration
Diane Lawrence, President	3/31/24
Margaret Graf, 1st Vice President	3/31/24
Tia Small, 2nd Vice President	6/30/23
Kay Parekh, Secretary	3/31/24

Name and Title of Other Members	Term Expiration
Allen Cooper	3/31/24
Anne Warren	4/30/23
Chris Dillon	3/31/23
Darlene Ramlose	3/31/24
Eva Aber	3/31/24
Juliet Rothman	3/31/24
Marcy Adelman	3/31/23
Morningstar Vancil	7/31/24

**Indicate which member(s) represent each of the “Other Representation” categories listed below.**

<b>Yes</b>	<b>No</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Income Representative
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Disabled Representative
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supportive Services Provider Representative
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health Care Provider Representative
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Caregiver Representative
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local Elected Officials
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Individuals with Leadership Experience in Private and Voluntary Sectors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	LGBTQ+ Identifying Representative
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Veteran Representative

**Explain any "No" answer(s)**

Elected officials in San Francisco – specifically, our 11 district supervisors – appoint individuals who reside in their district to act as their representative and represent the interests of their constituency.

**Explain any expiring terms – have they been replaced, renewed, or other?**

Expiring positions are a mix of appointments made each by the Disability and Aging Services Commission or the Board of Supervisors. We have been in communication with these appointing bodies to renew any expiring terms, and expect action within the next few months. In the interim, expired members are permitted to continue serving in their roles.

**Briefly describe the local governing board’s process to appoint Advisory Council members:**

Half of the Members of the Advisory Board are appointed by the Disability and Aging Services Commission. All other 11 members are appointed – one each – by their County District Supervisor.

# Legal Assistance

**This section provides information about the Legal Services and how this resource is provided within San Francisco.**

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)].<sup>6</sup> CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: [https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg)

**1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services?**

45%

**2. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years).**

No. Requests for housing related legal assistance continues to be the most frequent need of LSP providers. Our AAA has allocated additional local county general funds to support additional legal services in the area of health law and financial elder abuse.

Recent analysis of LSP performance data indicates a decline in services to clients identifying as Asian or Pacific Islander. The issue has become more challenging since one of our Asian/Pacific Islander population focused LSPs terminated their contract early. In response, we have used ARP and OARR funding to launch a pilot program designed to increase engagement with Asian/Pacific Islander clients. This pilot launched in February 2023.

**3. Specific to Legal Services, does the AAA’s contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?**

Yes. It is explicitly stated in contracts with providers.

**4. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA?**

Priority areas are identified based on needs assessment analysis provided by the AAA’s Planning Unit as well as through input from the LSPs about areas where they are seeing the most requests. The top priority issues in our PSA are housing, income maintenance, elder abuse, and health care.

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<sup>6</sup> For Information related to Legal Services, contact Jeremy A. Avila at (916) 419-7500 or [Jeremy.Avila@aging.ca.gov](mailto:Jeremy.Avila@aging.ca.gov)

**5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population?**

We use Older Americans Act and Older Californians Act guidelines, as well as needs assessment analysis prepared by the AAA's Planning Unit to identify target populations. Target populations currently identified in our Older Adult Legal Services contracts are: low-income (<100% FPL), limited English proficiency, minority, frail, and member of LGBTQ+ community.

Legal Services Providers funded by our AAA participate in quarterly providers meetings, hosted by AAA staff. These meetings are used as a means for AAA staff to best understand need as seen by the LSPs and coordinate services accordingly. Moving forward, these meetings will include standing agenda items to consider jointly identifying the target population, coordination of services to best reach the target population, and identifying priority legal issues in the community.

**6. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA?**

See above for description of target population for older adult legal services. In order to reach these target populations, the LSPs are active in the community attending and participating in various community events, hosting and attending educational events, and staffing off-site legal clinics co-located at community centers and other sites where older adults may be in attendance.

The LSPs also publish and widely distribute a "Senior Rights Bulletin" multiple times per year on timely and relevant issues to the target population. The bulletin is available in four languages and contains contact info for LSPs. Average run is 8,000 copies per issue.

In response to the increased reliance on virtual delivery of services following the COVID-19 outbreak, LSPs have begun participating in online forums and events organized by non-LSPs as a means to educate the public on their services as well as larger contemporary legal issues in the public discourse.

**7. How many legal assistance service providers are in your PSA?**

<b>Fiscal Year</b>	<b># of Legal Assistance Services Providers</b>
<b>2020-2021</b>	6
<b>2021-2022</b>	6
<b>2022-2023</b>	6
<b>2023-2024</b>	5

**8. What methods of outreach are Legal Services providers using?**

LSPs have a variety of methods for outreach into the community, including participation in community events, community networking groups, off-site legal clinics, and a widely distributed legal issues bulletin. Many providers are well known in San Francisco due to their long histories of service in the community.

**9. What geographic regions are covered by each provider?**

<b>Fiscal Year</b>	<b>Name of Provider</b>	<b>Geographic Region covered</b>
<b>2020-2021</b>	<ul style="list-style-type: none"> <li>a. Asian Americans Advancing Justice – Asian Law Caucus</li> <li>b. Asian Pacific Islander Legal Outreach</li> <li>c. La Raza Centro Legal</li> <li>d. Legal Assistance to the Elderly</li> <li>e. Open Door Legal</li> <li>f. UC Hastings College of the Law – Medical Legal Partnership for Seniors</li> </ul>	<ul style="list-style-type: none"> <li>a. Citywide (primarily Chinatown, North and South of Market, Visitacion Valley)</li> <li>b. Citywide (primarily Chinatown, Bayview, Visitacion Valley, North and South of Market)</li> <li>c. Citywide (primarily Mission)</li> <li>d. Citywide (primarily North and South of Market, Mission)</li> <li>e. Citywide (primarily Bayview and Excelsior)</li> <li>f. Citywide (primarily hospital settings)</li> </ul>
<b>2021-2022</b>	Same as prior year	Same as prior year
<b>2022-2023</b>	Same as prior year	Same as prior year
<b>2023-2024</b>	<ul style="list-style-type: none"> <li>a. Asian Pacific Islander Legal Outreach</li> <li>b. La Raza Centro Legal</li> <li>c. Legal Assistance to the Elderly</li> <li>d. Open Door Legal</li> <li>e. UC College of the Law – Medical Legal Partnership for Seniors</li> </ul>	<ul style="list-style-type: none"> <li>a. Citywide (primarily Chinatown, Bayview, Visitacion Valley, North and South of Market)</li> <li>b. Citywide (primarily Mission)</li> <li>c. Citywide (primarily North and South of Market, Mission)</li> <li>d. Citywide (primarily Bayview and Excelsior)</li> <li>e. Citywide (primarily hospital settings)</li> </ul>

**10. Discuss how older adults access Legal Services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.).**

Clients most commonly access Legal Services by contacting the providers directly, by calling or dropping into the agencies. Legal Service Providers all have offices with regular hours as well as a variety of offsite clinics and outreach efforts to increase accessibility. Clients can find out about legal providers via the Integrated Intake service offered by the AAA’s larger City Department. Clients can also be connected to services via working relationships between legal providers and other providers, including case management agencies and the City’s Adult Protective Services unit.

Outside of AAA function, the City of San Francisco has instituted a “Right to Counsel” program in the event of eviction litigation. In these situations, all residents facing eviction litigation are connected through a central referral hub to non-IIIB funded legal services program.

With the end of the COVID-19 emergency declaration, LSPs have resumed in-person services. However, virtual and phone meeting options remain available and popular among clients and staff. These virtual and phone service modes include connecting from home or from a legal services office to a legal provider staff person providing services.

**11. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA (please include new trends of legal problems in your area).**

Housing related legal assistance continues to be the top requested issue seen by our legal services providers. The City of San Francisco has taken a systemic approach to legal services related to housing by launching a “Right to Counsel” program where all residents facing eviction litigation are provided an attorney to assist them. While this has provided an alternative resource for eviction defense assistance for older adults in San Francisco, this program is only applicable once eviction legal proceedings have started. The LSP requests for issues related to warranty of habitability, harassment, reasonable accommodation, and other housing legal issues outside of eviction defense remain high and are now they most common type of legal issue our older adult legal service providers handle.

Elder abuse legal services are an area of strength among legal services providers in our AAA. Services most commonly involve seeking issuance of protective restraining orders in cases of physical harm and seeking remedies and resolution in incidences of financial elder abuse. Starting in FY19/20, one of our LSPs is now participating in the “Financial Abuse Virtual Unit,” an interdisciplinary team meeting hosted by our Adult Protective Services unit which meets at least monthly to review suspected cases of financial elder abuse and discuss potential resources and remedies. Our LSP in attendance is using this as an opportunity to receive referrals for financial abuse cases requiring legal intervention.

**12. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers.**

With a majority of the PSA population reporting a primary language other than English, ensuring strong language access and bilingual staffing at LSPs remains a priority to address language barriers.

Cost of living in the PSA has in turn results in difficulty finding and retaining bilingual staff. The PSA has worked with providers to increase wages in an attempt at better hiring and retention.

**13. What other organizations or groups does your legal service provider coordinate services with?**

Legal Services Providers coordinate with our Long Term Care Ombudsman Program, HICAP, Adult Protective Services, Community Centers and ADRCs, and other older adult service providers.

# Organizational Charts

**This section provides information on our organizational structure and staff support for the Area Agency on Aging functions.**

As noted earlier, the Area Agency on Aging for PSA 6 is the San Francisco Department of Disability and Aging Services (DAS). **Our Department is located within the San Francisco Human Services Agency (SFHSA)**, which provides help with food, cash assistance, health insurance, job training, supportive care, and much more. In addition to DAS, SFHSA includes the Department of Human Services (administers programs such as CalFresh, Medi-Cal, child welfare, and Welfare to Work) and the Office of Early Care and Education (coordinates resources for parents seeking childcare services).

Our Department provides many services for older people and adults with disabilities, including direct services delivered by our staff and also programs facilitated by community-based organizations. **Most of our Older Americans Act services are facilitated by the Office of Community Partnerships (OCP).**<sup>7</sup> This team is responsible for coordinating program planning and design of services, as well as implementing and monitoring contracts with community-based organizations. This work is spearheaded by the OCP Director and facilitated by a team of Analysts and Nutritionists assigned to lead specific service areas; they work to develop scopes of service, provide technical assistance to service providers, and monitor performance.

In addition to these community collaborations, we offer Information and Assistance services through the **DAS Integrated Intake and Referral Unit located at our Benefits and Resource Hub**. The Hub is our in-person service center for older people, adults with disabilities, caregivers, and veterans. The Intake Unit includes Social Workers who provide information and assistance services and also helps consumers complete intake forms for DAS services, such as In-Home Supportive Services and home-delivered meals.

Our Department's work to provide these services is supported by the SFHSA administrative divisions, including Budget, Fiscal, and Planning. Our **Budget** Analyst supports development of the DAS budget and is the Agency's lead in managing the budgeting of funds from the CA Department of Aging. We receive support from a small **Fiscal** team, which ensures we comply with financial standards and billing processes. And our work is supported by a **Planning** Analyst who facilitates our strategic planning, including the Four Year Area Plan and subsequent Updates, and supports data management.

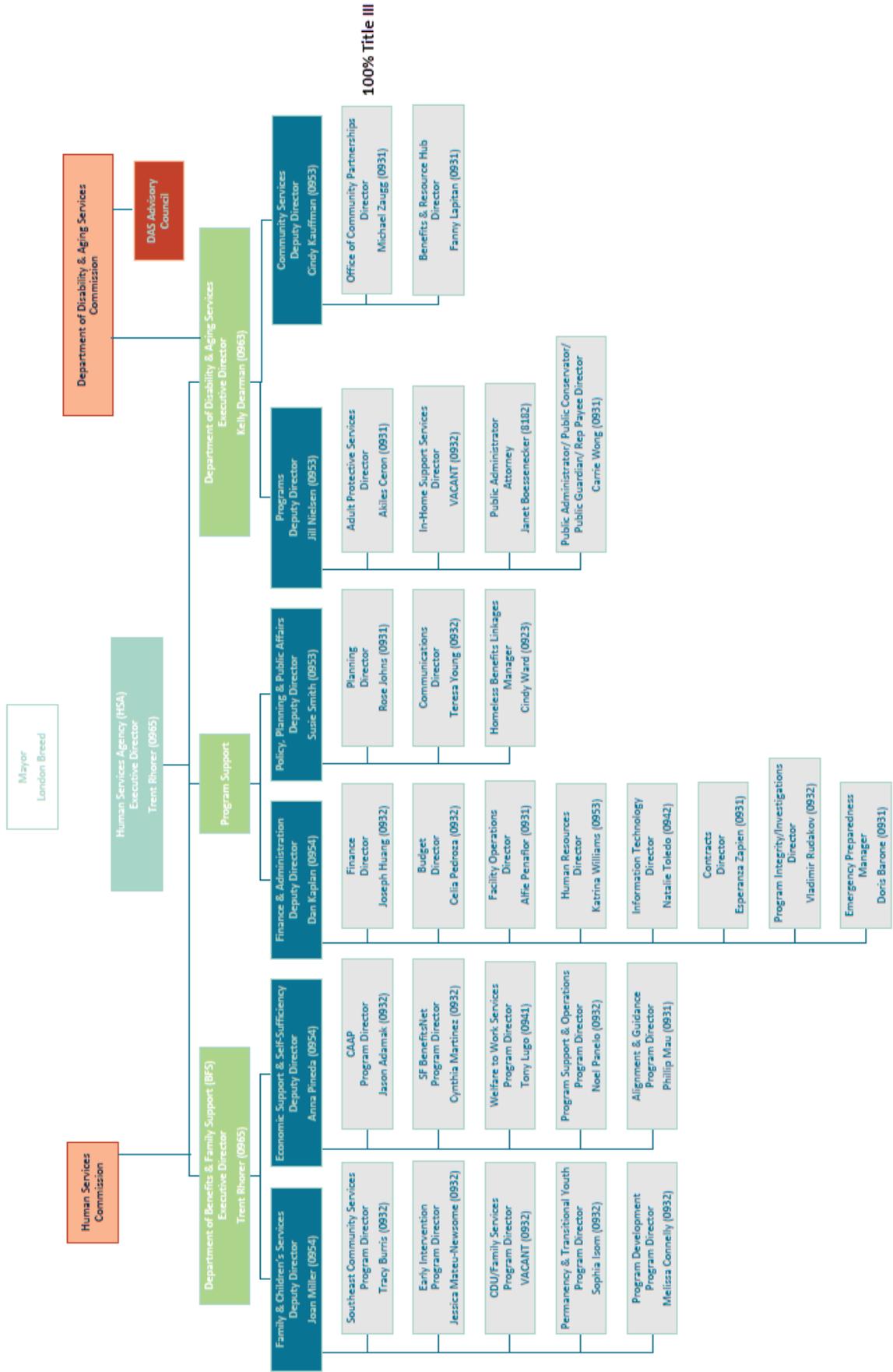
Please see the organizational charts on the subsequent pages for additional detail on our structure and staffing.

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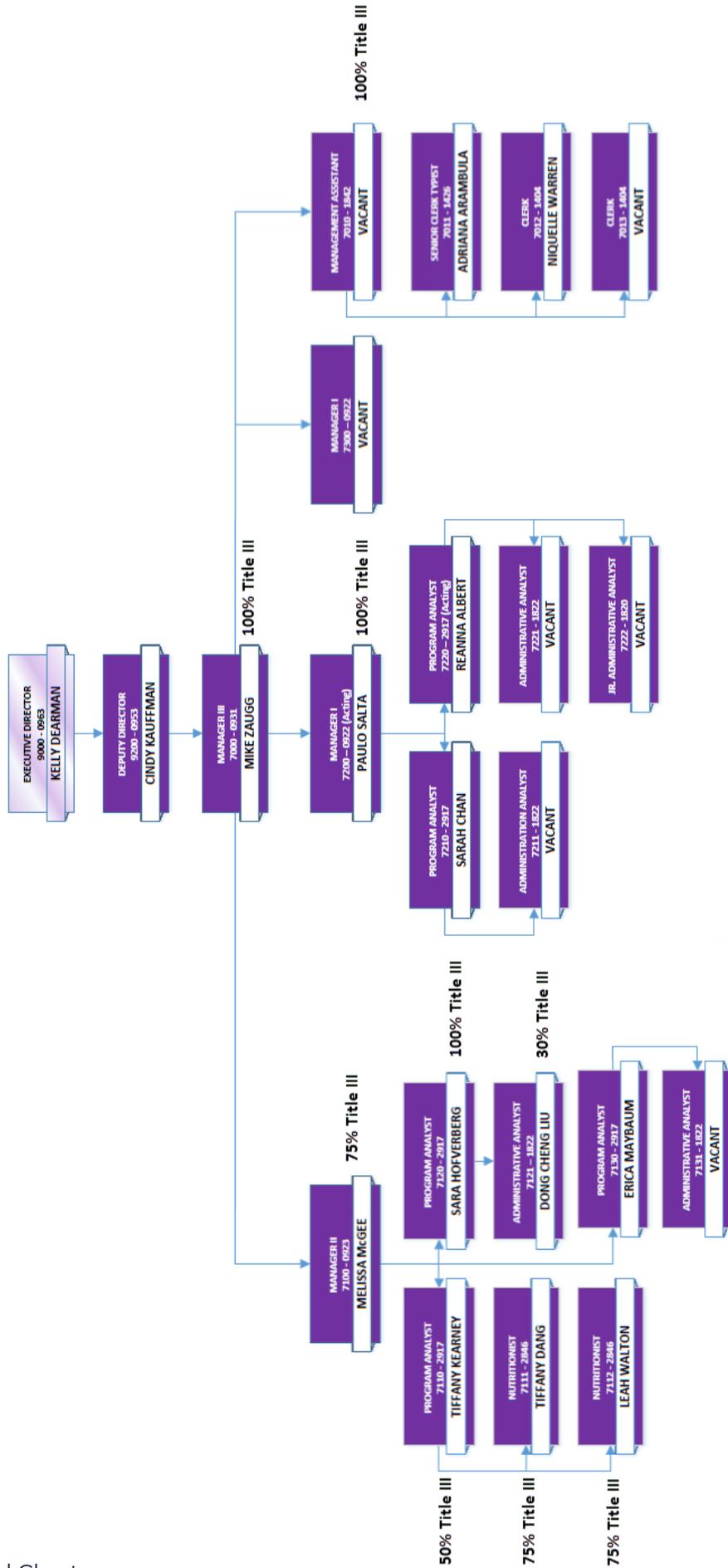
<sup>7</sup> Since the last four-year Area Plan, we have renamed this team to better reflect the nature of its work (formerly called the Office on the Aging).

# City & County of San Francisco Human Services Agency

## Top tier org chart for FY 2023-2024



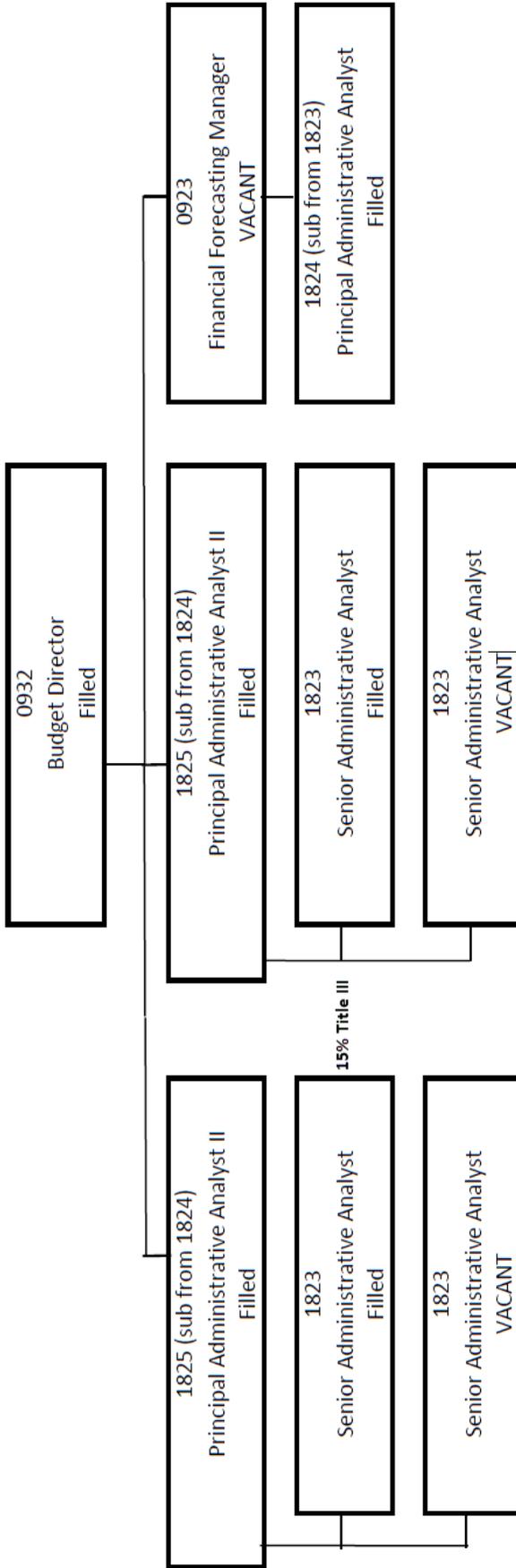
DEPARTMENT OF DISABILITY AND AGING SERVICES  
 DAS – OFFICE OF COMMUNITY PARTNERSHIPS  
 FY 2023/2024



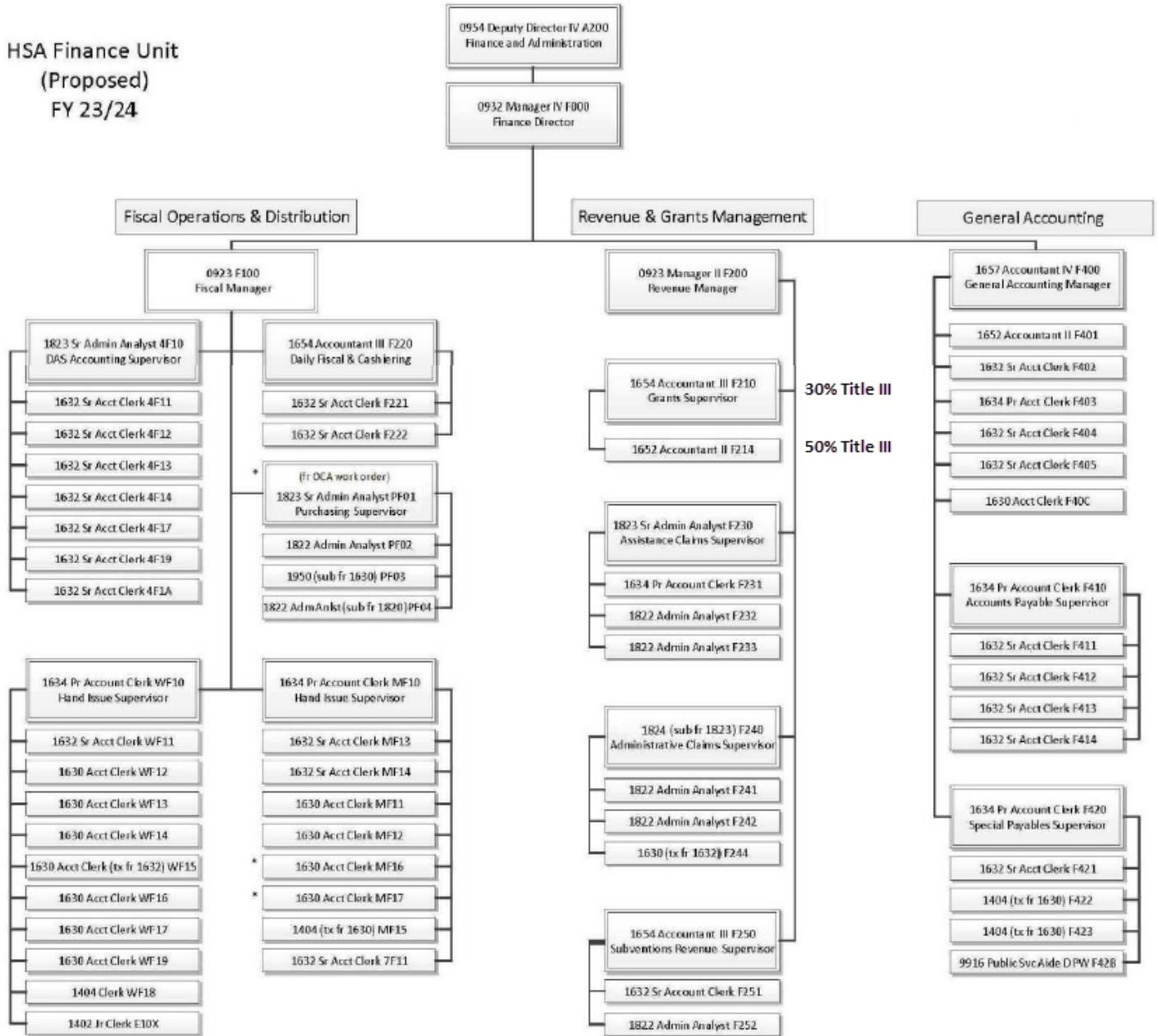
**DEPARTMENT OF DISABILITY AND AGING SERVICES  
DAS – HUB - INTAKE  
FY 2023/2024**



**HSA Budget & Forecasting Unit  
FY 2023/2024**



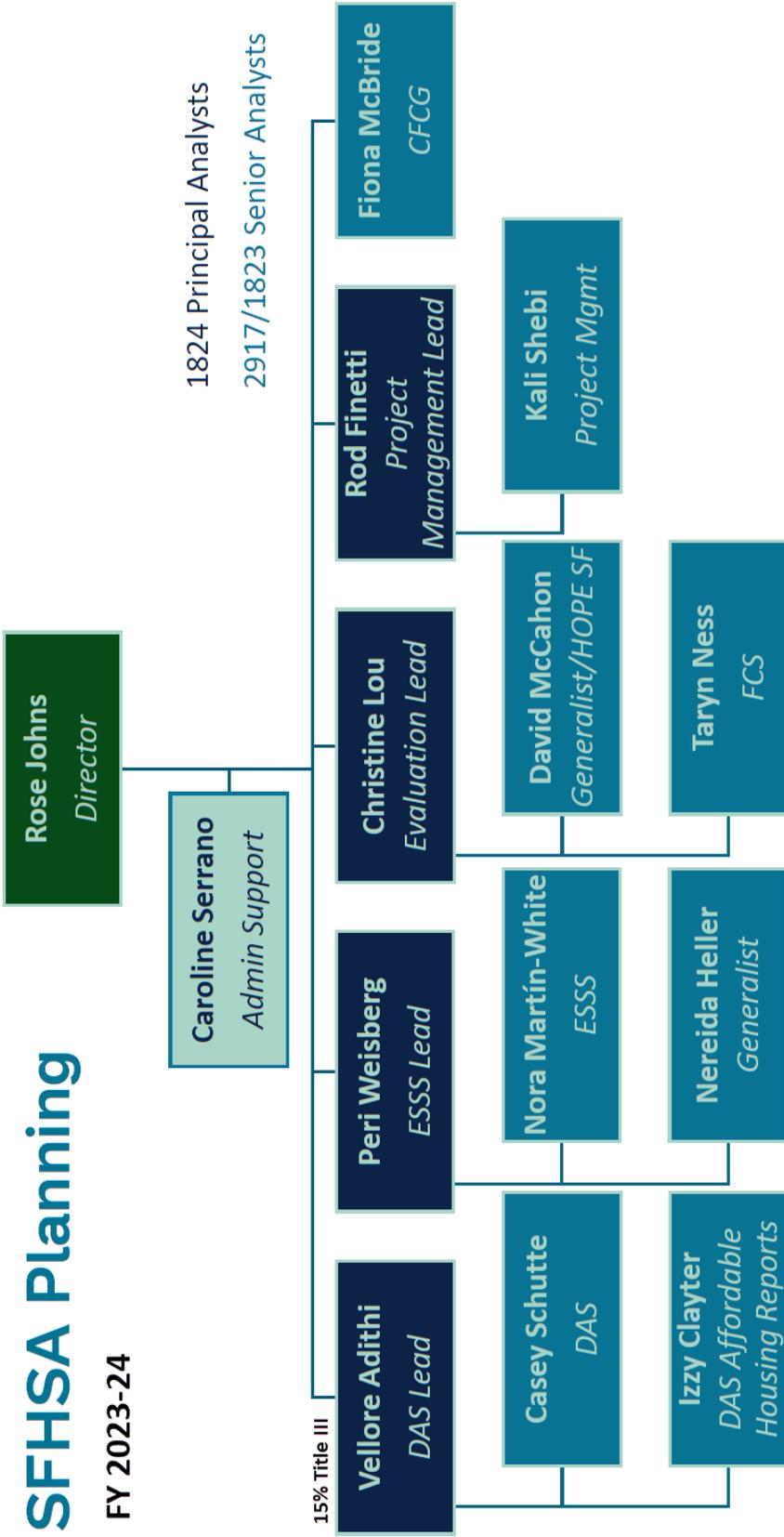
HSA Finance Unit  
(Proposed)  
FY 23/24



\* Vacant

# SFHSA Planning

FY 2023-24



1824 Principal Analysts  
2917/1823 Senior Analysts